

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

855

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME GASCON Tony M
Last First MI

1010614

2. BUSINESS PHONE 225-242-8007

3. BUSINESS ADDRESS 700 Lakeland Baton Rouge LA 70802
Street and No. City State Zip

MAILING ADDRESS P.O. Box 44581 Baton Rouge LA 70804
Street and No. City State Zip

4. EMPLOYER CADS & Associates, LLC

5. EMPLOYER'S ADDRESS 700 Lakeland Baton Rouge LA 70802
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Computer Corporation

Address 20555 SH 249 Mail Code 000302-070
Houston, TX 77070 Business or purpose Computer Company

New Representation

Does this person pay you? Yes

If No, who pays you? _____

Terminated Representation as of _____

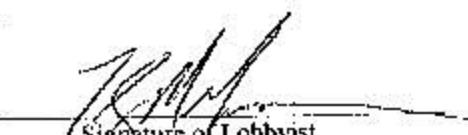
SUPPLEMENTAL REGISTRATION FORM

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2. Name _____
Address _____
Business or purpose _____
 New Representation
Does this person pay you? _____
If No, who pays you? _____
 Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
 New Representation
Does this person pay you? _____
If No, who pays you? _____
 Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist